Community Advisory Committee

Terms of Reference

May 2025

Contents

A. BACKGROUND 3

B. PURPOSE AND ROLE 3

C. SPECIFIC RESPONSIBILITIES 3

D. AUTHORITY AND RELATIONSHIPS 4

E. MEMBERSHIP 4

E.1 Composition 4

Community members 4

Members of the Monash Health Board of Directors 5

E.2 Community member appointments 5

Responsibility for appointment 5

Term of appointment and re-appointments 5

Recruitment process 6

Monash Health Consumer Advisor Register 6

Leave of absence 6

Resignation and cessation of membership 6

E.3 Committee Chair and Vice Chair appointments 6

Responsibility for appointment 6

Term of appointment and re-appointments 7

Recruitment process 7

Responsibilities, skills and attributes of the Committee Chair 7

Responsibilities, skills and attributes of the Committee Vice Chair 8

E.4 Committee Secretary 8

F. MANAGEMENT SUPPORT FOR THE COMMITTEE 8

F.1 Chief Executive 8

F.2 Executive Sponsor 8

F.3 Director Patient Experience and Consumer Partnerships 8

F.4 Manager Consumer Partnerships and Volunteer Services 9

G. OPERATIONAL PROCEDURES 9

G.1 Meetings 9

G.2 Access and attendance 9

G.3 Decisions 9

G.4 Meeting documentation 10

G.5 Reimbursements 10

H. REVIEW OF TERMS OF REFERENCE AND COMMITTEE PERFORMANCE 10

A. BACKGROUND

1. The Community Advisory Committee (Committee) operates under the authority of the Monash Health Board of Directors.

2. It is a legislated[1] Committee established in 2004 in accordance with government policy aimed at improving consumer, carer and community participation in Victoria's public health services and is now a requirement of the Australian Safety and Quality in Health Services standards (2nd edition).

3. The Committee operates within the context of Australian and Victorian health legislation and Monash Health policies and frameworks.

4. The Committee upholds Monash Health values including principles of the Monash Health Sustainability Strategy.

5. The Terms of Reference are complemented by the Monash Health Community Advisory Committee Code of Conduct and the Monash Health Community Advisory Committee Community Member Position Description.

B. PURPOSE AND ROLE

6. The purpose of the Committee is to provide a voice for the community and consumers in strategic decision making at Monash Health.

7. The Committee is a strategic level committee, which is appointed in an advisory capacity to the public health service board as a legislated advisory committee of the Board. It has no executive authority.

8. The role of the Committee is to provide advice to the Board of Directors, from a community and consumer perspective, in relation to Monash Health's strategic priorities and strategic direction.

9. Its role is distinct from that of the Partnering with Consumers Committee, which is a management committee that ensures systems and processes are in place to ensure Monash Health delivers care consistent with the requirements of the National Safety and Quality in Health Service Standards Second Edition: Partnering with Consumers (Standard 2).

10. In fulfilling its purpose, the Committee will:

    (a) advocate to the Monash Health Board of Directors on behalf of the community, consumers and carers; and

    (b) provide advice on strategic matters relating to the whole of the health service, rather than just the consumer participation strategy and processes.

C. SPECIFIC RESPONSIBILITIES

11. The Committee's specific responsibilities are to:

[1] Health Services Act 1988 (Vic), Sections 65ZA and 65ZB.

(a) maintain strong community networks and engagement in order to reflect on and present community needs and perspectives;

(b) advise and advocate from the community perspectives on strategic initiatives as requested by the Monash Health Board of Directors;

(c) provide advice on activities to increase the consumer voice within strategic initiatives;

(d) identify topics that require community engagement either through the Committee or other mechanisms;

(e) participate in the Monash Health strategic planning process and provide input into strategic priorities;

(f) monitor key Quality and Safety measurements and Patient Experience data, initiatives and outcomes; and

(g) ensure alignment with the Safer Care Victoria Partnering in Healthcare Framework.

D. AUTHORITY AND RELATIONSHIPS

12. The Monash Health Board of Directors authorises the Monash Health Community Advisory Committee to perform activities within these Terms of Reference.

E. MEMBERSHIP

13. The Monash Health Board of Directors will appoint persons whose skills and experience are considered to be of value, following a formal recruitment process and formal recommendations from the Committee Chair and the Executive Sponsor.

E.1 Composition

14. The Committee will comprise community members and members of the Monash Health Board of Directors as set out in this section.

Community members

15. The Committee will comprise of between eight and twelve community members.

16. Characteristics of community members include:

(a) the ability to provide patient, carer or family member perspectives;

(b) the capacity to reflect views of the Monash Health community; and

(c) an interest in creating safer systems and better care.

17. It is preferred that community members are not health practitioners and not currently employed by or engaged in the provision of health services.

18. The Committee needs to reflect the diverse views of the community. As such efforts will be made to recruit members from diverse backgrounds including age range, gender, First Nation, LGBTIQA+, Culturally and Linguistically Diverse and people with a Disability.

19. The Monash Health Community Advisory Committee Community Member Position Description sets out detailed selection criteria for community members.

20. Community members' contribution of specialist knowledge and expertise will advise Monash Health on consumer, carer and community perspectives. They are appointed as individuals, and not as representatives of any organisation, and will have the opportunity to reflect and present community issues. Community members reflect demographic diversity and have strong community networks so they can reflect on and present a breadth of community voices.

Members of the Monash Health Board of Directors

21. The Committee will comprise a maximum of two members of the Monash Health Board Directors, as nominated by the Chair of the Monash Health Board of Directors.

22. The role of Board Members is to provide a conduit for information sharing between the Monash Health Board of Directors and the Committee. Board Members present a report at each formal Committee meeting highlighting Board deliberations which may be of relevance to the Committee. They are able to represent the Committee at meetings of the Monash Health Board of Directors and to act as advocates and sources of information for the Monash Health Board of Directors.

23. Board Members are members of the Committee. Their term corresponds to their term as members of the Monash Health Board of Directors, subject to change initiated by the Chair of the Monash Health Board of Directors. Board Members cease to be members of the Committee when they cease to be members of the Monash Health Board of Directors.

E.2 Community member appointments

Responsibility for appointment

24. The Monash Health Board of Directors shall appoint community members of the Committee, following a formal written application and interview process and a formal recommendation being made to it. The interview committee will include the Committee's Executive Sponsor, Committee Chair and Director, Patient Experience and Consumer Partnerships.

Term of appointment and re-appointments

25. Community members are appointed for a term of three years. At the end of this three-year term, members may request reappointment for a second three-year term by writing to the Executive Sponsor. Endorsement of the three-year extension will be provided by the Committee Chair, Executive Sponsor and a Committee Board Member. A recommendation will be made to the Monash Health Board of Directors who will consider for approval the reappointment of the community member. If approval is granted the member will be invited, in writing, to serve a second consecutive term. There is no automatic right to reappointment.

26. A community member who has served six consecutive years must have a break period of at least 12 months before they are eligible to re-apply as a community member of the Committee. There is no automatic right of reappointment.

27. The recruitment process outlined in clauses 28 and 29 applies to all applicants.

Recruitment process

28. When a vacancy occurs, a formal call for applications will occur. This will involve an open and transparent recruitment process via the Consumer Advisor Register and Monash Health communication channels to the broader community.

29. Provided vacancies exist, applications will be invited from eligible community members in June annually. During the year, should member numbers fall below ten members, an additional recruitment process will be commenced.

Monash Health Consumer Advisor Register

30. Community members are required to join the Monash Health Consumer Advisor Register. Appointment to the Committee is subject to the eligibility requirements of the Monash Health Consumer Advisor Register. Please see the 'become a consumer advisor' internet page for more information.https://monashhealth.org/patients-visitors/partnering-with-consumers/consumer-advisor/

Leave of absence

31. Under exceptional circumstances, community members may seek a leave of absence for a short period of time (less than six months). To ensure the important work of the Committee is able to continue, members seeking a leave of absence should submit a request in writing to the Committee's Executive Sponsor detailing:

    (a) leave of absence start and finish dates; and

    (b) how their responsibilities will be covered.

32. Extension of leave of absence will not be permitted and the member's term will not be extended.

Resignation and cessation of membership

33. Community members of the Committee are able to cease membership at any time by notifying their intention to the Chair and Executive Sponsor in writing. Membership will also cease at the end of a community member's term if they are not reappointed by the Monash Health Board of Directors. Community members will receive written notification if their request for reappointment has been unsuccessful.

34. A member will be automatically resigned if they have not attended four meetings in a row and have not been in contact with or returned contact from the Manager Consumer Partnerships. Every effort will be made to contact the member including by email, phone, post and contacting their designated emergency contact.

E.3 Committee Chair and Vice Chair appointments

Responsibility for appointment

35. The Monash Health Board of Directors shall appoint community members as Chair and Vice Chair of the Committee.

Term of appointment and re-appointments

36. The Chair and Vice Chair are appointed for a three-year term.

37. Appointment to the position of Chair or Vice Chair does not result in an extension of the candidate's term on the Committee if that is due to expire during the period for which the Chair or Vice Chair have been elected. When the community member's term expires during the course of their term as Chair or Vice Chair, a vacancy is declared and applications for the position will be advertised and appointed for the remainder of the vacated term.

38. At the end of the three-year term, the Chair and Vice Chair can submit an Expression of Interest in writing to the Committee's Executive Sponsor expressing interest in being appointed for a second term as Chair or Vice Chair. A member can hold the Chair or Vice Chair role for a maximum of two terms (six years). Appointment will be based on performance and will be approved by the Monash Health Board of Directors.

Recruitment process

39. Expressions of interest for vacant Chair and Vice Chair positions will be advertised in April of the corresponding year, with appointments finishing and starting on 1 July. A one-month hand over period will occur through the months of May – June.

40. Expressions of Interest for Chair and Vice Chair will be invited from the current community members in the first instance. Should suitable candidates not be identified, external applicants will be invited, subject to a vacancy on the Committee. The Interview Panel will comprise a Committee Board member, the Committee's Executive Sponsor, the Director Patient Experience and Consumer Participation and a consumer external to the Committee. A recommendation will be made to the Monash Health Board of Directors to approve the appointment of the Chair and Vice Chair.

Responsibilities, skills and attributes of the Committee Chair

41. The Committee Chair's responsibilities include (in consultation with the Executive Sponsor, Director of Patient Experience and Consumer Partnerships and Manager Consumer Partnerships and Volunteer Services):

    (a) setting the agenda and (subject to clause 67(a)) work plan;

    (b) monitoring and supporting work plan progress;

    (c) managing proceedings of the meeting including group dynamics;

    (d) encouraging and supporting community member engagement in Committee activities;

    (e) involvement in the selection and interviewing of community member appointments;

    (f) contributing to the Committee's annual report to the Monash Health Board of Directors, the Monash Health Strategic Plan and the Monash Health Quality Report; and

    (g) reporting to the Monash Health Board of Directors twice yearly.

42. Refer the Community Advisory Committee – Community Member Position Description for an outline of skills and attributes for the Committee Chair.

Responsibilities, skills and attributes of the Committee Vice Chair

43. The Vice Chair shall support the Chair in all activities and will step into the Chair's role as needed.

44. Refer the Community Advisory Committee – Community Member Position Description for an outline of skills and attributes for the Committee Vice Chair.

E.4 Committee Secretary

45. The Manager Consumer Partnerships and Volunteer Services will be the Secretary of the Committee.

46. The Manager Consumer Partnerships and Volunteer Services:

    (a) is responsible for the operationalisation of the Committee; and

    (b) provides documentation and requirements for formal meetings.

47. The Manager, Consumer Partnerships and Volunteer Services will seek approval from the Executive Sponsor where relevant.

F. MANAGEMENT SUPPORT FOR THE COMMITTEE

48. The Committee will be supported by the following Management roles.

F.1 Chief Executive

49. The Chief Executive attends formal meetings of the Committee and acts as a conduit between the Monash Health Executive, Senior Management Team, employees and the Committee. The Chief Executive provides information and clarification at meetings.

F.2 Executive Sponsor

50. An Executive Sponsor for the Committee is nominated by the Chief Executive.

51. The Executive Sponsor of the Committee:

    (a) acts as a conduit between the Chief Executive, Executive, Senior Management Team, employees and the Committee. They provide information and clarification at meetings and represent the Chief Executive when the Chief Executive is unable to attend a meeting;

    (b) supports the Chair in driving the strategic direction of the Committee and, together with the Manager, Consumer Partnerships and Volunteer Services; and Director, Patient Experience and Consumer Partnerships, supports the effective operation of the Committee within meetings and between meetings; and

    (c) advocates on behalf of the Committee within Monash Health.

F.3 Director Patient Experience and Consumer Partnerships

52. The role of the Director Patient Experience and Consumer Partnerships is to engage and support the Chair and the Committee in the fulfilment of their role and to participate in strategic planning, service design, improvement and innovation at Monash Health.

F.4 Manager Consumer Partnerships and Volunteer Services

53. The Manager Consumer Partnerships and Volunteer Services acts as a resource and support for the Committee and performs the executive support functions for the Committee.

G. OPERATIONAL PROCEDURES

G.1 Meetings

54. The Committee meets formally every two months, with at least six meetings being held per annum.

55. Monash Health employees or Board members shall delegate a proxy to attend meetings of the Committee in their absence.

56. If the Chair is absent from a meeting, the Vice Chair will chair the meeting. If both the Chair and Vice Chair are absent and there is a quorum, the members of the Committee present may choose one of them to act as Chair for that meeting.

57. A quorum shall consist of five community members, one Board member, Director Patient Experience and Consumer Partnerships (or delegate) and Executive Sponsor (or delegate) in attendance.

58. Meetings of the Committee may be held or participated in via videoconference or similar means, as determined by the Chair.

59. Any member or guest of the Committee who has a direct or indirect pecuniary interest in a matter being considered, or about to be considered, by the Committee at a meeting must, as soon as practicable after the relevant facts come to the person's knowledge, disclose the nature of that interest and, unless the Committee agrees otherwise, recuse themselves from that meeting.

60. The disclosure of interest must be recorded in the minutes of the meeting.

G.2 Access and attendance

61. Other attendees at a meeting of the Committee may include the Director, Quality and Safety, and such other persons as the Committee requests to attend (including external visitors). Any such attendees are not members of the Committee.

62. The contribution and conversations that occur in formal meetings are critical to the success of committees and therefore there is an expectation that Committee members attend meetings with a minimum attendance rate of at least 75%. If unable to attend, members should provide feedback/comments on Committee papers to the Manager Consumer Partnerships and Volunteer Services for tabling at the relevant meeting.

G.3 Decisions

63. The Committee will endeavour to reach decisions by consensus. In the absence of consensus, the Chair and Executive Sponsor will facilitate further discussion to reach a resolution.

G.4 Meeting documentation

64. Meeting documentation (including the agenda, minutes of the previous meeting and all other relevant documents) will be distributed to the members of the Committee and all attendees two weeks prior to each meeting.

65. The meeting agenda will be approved by the Chair, Executive Sponsor and Chief Executive before distribution.

66. The proceedings of each meeting must be documented in the minutes and the minutes must accurately reflect the work and resolutions of the Committee. A draft of the minutes of a meeting must be prepared and promptly provided to the Chair and Executive Sponsor for review. The draft minutes of a meeting must be considered and approved by the Committee at the next meeting following. Draft minutes must be provided to the Monash Health Board of Directors for noting at its next meeting.

67. Prior to:

    (a) 30 June in a given year an annual work plan covering each area of responsibility of the Committee must be developed and, following endorsement by the Committee, submitted to the Monash Health Board of Directors for approval; and

    (b) 30 November an annual meeting schedule for the following year must be distributed to all members of the Committee and required attendees.

G.5 Reimbursements

68. Community members of the Committee are entitled to a sitting fee of $75 plus expenses (parking and mileage) per formal meeting attended (six per year), paid retrospectively each six months (June and December each year, commencing January 2021).

69. Out-of-pocket expenses incurred by community members will be reimbursed according to the Monash Health Consumer Participation Procedure.

H. REVIEW OF TERMS OF REFERENCE AND COMMITTEE PERFORMANCE

70. The Committee will conduct an annual review of these Terms of Reference and of its performance and provide a report arising from each review to Monash Health Board of Directors for its consideration no later than 30 April.